

Central Virginia Dart Association, (CVDA)

PO Box 2565

Chester, VA 23831

president@cvdadarts.com

Membership Application

This membership application must be completed in its entirety and submitted prior to any individual participating in CVDA activities. Membership shall be considered valid for the calendar year (January-December). The CVDA shall have the right to accept or reject any application within its by-laws.

Please complete the following information (Please PRINT):

Year:	Season:	Division:		
Name:				
Phone:	Is this a cell phone? Yes No			
Address:				
City:	State:	Zip:		
Email Address:				
Preferred Method of Contact:	Email	Phone Call	Text	Mail
Team Name:				

I, _____, do swear to abide by the CVDA by-laws and rules of play. I will represent this association by displaying good sportsmanship at all times and by being courteous to my fellow darters. Furthermore, I understand the CVDA and its officers and representatives cannot be liable for any accidents or injury.

Signature:	Date:
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|--|-------|--|-------|
| <input type="checkbox"/> Winter Season | \$ 45 | <input type="checkbox"/> Summer Season | \$ 30 |
| <input type="checkbox"/> Fall Season | \$ 15 | <input type="checkbox"/> Member At Large | \$ 15 |

Membership Application and Fee must be paid and postmarked NO LATER THAN the day after the first night of play. Mail checks or money orders ONLY made out to the CVDA. There will be \$50.00 fee for returned checks.